



Escrow Account Application

Account Type: Planning Applications _____ Engineering/Building Permits: _____

Company Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Contractor Type: _____

Contractors License No. : _____

AZ State Sales Tax Number: _____

*Preferred Method of receiving statements: _____

Mail ☐ **Email** ☐ **Fax** ☐

(Mailing address for statements if different than above)

Address: _____

City: _____ Zip: _____

Attention: _____

Email : _____ Fax: _____

Authorized Users of Escrow Account _____

Sign: _____ Date: _____

City Use Only:

Contractor account no. : _____

Processed by: _____ **Date processed:** _____

Deposit Amount: _____

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